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Data Sheet

CONFIRMATION NO. 3795

<b>SERIAL NUMBER</b> 10/013,080	<b>FILING DATE</b> 12/10/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> P/222-51
<b>APPLICANTS</b> Grenville Arthur Robinson, Cambridge, UNITED KINGDOM; Michael Anthony Hobbs, Essex, UNITED KINGDOM; Martyn Omar Rowlands, Essex, UNITED KINGDOM; John Richard Calvert, Essex, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/194,873 03/16/1999 WHICH IS A 371 OF PCT/GB97/01492 06/03/1997				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9611562.1 06/03/1996				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/10/2002</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 000002352				
<b>TITLE</b> Reconstituting device for injectable medication				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	